

ASSET INCOME VERIFICATION

Send To: _____

Applicant/Tenant/Dependant

Minor: _____ Unit # _____

Soc. Security #: _____

Property Name: _____

Address: _____

**I hereby authorize release of
my asset information**

Signature of applicant/tenant

I. Checking Accounts:

Account #	Current Balance	Average 6 Month Balance	Interest Rate (N/A if no interest)
#	\$	\$	%
#	\$	\$	%
#	\$	\$	%

II. Savings Accounts:

Account #	Current Balance	Interest Rate (N/A if no interest)
#	\$	%
#	\$	%
#	\$	%

III. Certificates of Deposit:

Account #	Amount	Interest Rate	Date of Maturity	Early Withdrawal Penalty
#	\$	%		
#	\$	%		
#	\$	%		
#	\$	%		

IV. Keogh, 401K, IRA

Type of Account	Current Cash Value*	Interest Rate/Dividend/Projected Earnings	Does Individual have access to these funds, even if penalized?	Is Individual taking regular payments from this account? If Yes – what amount & frequency?
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$

V. Other accounts: Types include money market accounts, mutual funds, bonds, etc., any type of account not listed above.

Type of Account	Current Cash Value*	Interest Rate / Projected Earnings	Does Individual have access to these funds, even if penalized?	Is Individual taking regular payments from this account? If Yes – what amount & frequency?
	\$	%		
	\$	%		
	\$	%		

** Current cash value is the amount the holder would receive if converted to cash (minus any penalties)*

COMMENTS:

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____
 Signature: _____ Date: _____
 Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____